

AN EXPLORATORY VIEW:  
ATTITUDES OF BLACK TEENAGE  
MOTHERS TOWARD FAMILIAL RELATIONSHIPS

A SUBSTANTIVE PAPER  
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF MASTER OF SOCIAL WORK

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ATLANTA, GEORGIA 30314

April 25, 1980

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## DEDICATION

There are several people who have been instrumental in my growth and development at Atlanta University. During my first and second years, guidance, knowledge, and inspiration were demonstrated by the following people:

Professor Betty Cook, my advisor  
Professor Mamie Darlington  
Professor Genevieve Hill  
Professor Jualynne Dodson  
Dr. Creigs Beverly  
Dr. Jerry Davis  
Dr. William Little  
Family Therapist, Verna White, MSW  
Agency Supervisor, Kathleen Rinehart, MSW

Honorably, I dedicate this paper to several who have shown agape throughout the year, for without their encouragements, success would have been fruitless.

Thomas Colley  
Mary E. Brown  
Marzet Cooper  
Audrey Stuart  
Mayce Birdsong Lee  
Mr. and Mrs. Leroy King  
Mr. and Mrs. David Koonce  
Carole Wachsman, my typist  
My sister, Beverly, Josephine, Ernestine, and Lorine  
Niece, Lisa and nephew, Amos, Jr.



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## I. INTRODUCTION

A social problem according to Horton and Leslie, (1977), is a condition affecting a significant number of people in ways considered undesirable and about which it is felt something can be done through collective social action. Joyce Ladner (1972), states that with the deviance perspective "social groups create deviance by making the rules whose infraction constitutes deviance, and by applying these rules to particular people and labeling them as outsiders. From this view point, deviance is not a quality of the act the person commits, but rather a consequence of the application by other of rules and sanctions to an offender. The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label.

This society, the United States of America, has viewed adolescent pregnancy as a social problem. The volume of teen pregnancy has increased to such proportion that it has been cited as an epidemic.

Statistics cited in the January 1979 issue of Human Behavior indicate that "...the overall U.S. birthrate has dipped since the early 1960's, but the proportion of births to teenagers is soaring and now accounts for about 600,000 or one-fifth of all live births each year as stated by Charlotte MacDonald, (1979). This figure does not include all the adolescent pregnancies since some teens may have an abortion.

The nature of a teenage pregnancy effects not only the individuals involved directly (male and female) but

also the family matrix, community, and the wider society. The conception of a child is, according to some, diametrically opposed to what is supposed to occur during adolescence and thereby effects the remainder of the adolescent's life as stated by Frank Furstenburg (1976). The family matrix is affected because of the general independence of the adolescent and the new roles to be performed. The community and wider society has increased responsibility to enhance/insure the quality of life with the special problems presented by this situation.

This "social problem," adolescent pregnancy, has not been perceived as impossible to ameliorate, but before collective social action can occur, data should be collected.

Current literature does not yield substantial information to validate and elaborate on Black teenage pregnancy as a deviant social problem and have no well conceived solutions. Instead, all the weaknesses and deficit approaches are considered as variables contributing to the pathologies.

Structural and psychological variables are important as focal point but neither alone is sufficient without the distinct soci-historical forces that have shaped a very positive and practical way of dealing and coping with the world.

Joyce Ladner (1972) states that life in the Black community has been conditioned by poverty, discrimination, and institutional subordination. It has been shaped by African cultural survivals. From slavery until the present, many of the African cultural survivals influenced the way Blacks lived, responded to others, and in general, related to their environment. Therefore, the concepts of values, motivation, role model, identity, and socialization, as well as family, income, education, and peer group relations are important to consider in beginning to analyze the Black pregnant teenagers.

Becoming a woman in the low-income Black community is somewhat different from the routes followed by the White middle-class girls. The poor Black girl cited by Joyce Ladner (1972) reaches her status of womanhood at an earlier age because of the different prescriptions and expectations of her

culture. There is no single set of criteria for becoming a woman in the Black community; each girl is conditioned by a diversity of factors, depending primarily upon her opportunities, role models, psychological dispositions and the influence of the values, customs and traditions of the Black community. It will be demonstrated that the resources which adolescent girls have at their disposal combined with the cultural heritage of their communities are crucial factors in determining what kind of women they become.

### Statement of the Problem

The problem of teenage fertility includes among other matters the question of how best to label it. It is a configuration of many interrelated problems and the overall label given determines the stereotype aroused in the mind of the particular reader. If it is called the pregnancy problem, then the married teenagers are offended, and the non-pregnant teenagers do not have the problem. If it is called illegitimacy problem, the unmarried teenagers are offended. In other words, conceptual labels arouse different images to people with different orientations, and must be clear about the audience and the image to which we are referring.

The specific audiences to which this report is addressed is to teenage pregnancy with emphasis on the effect of peer vs. parental influence or societal constraints. At one time, adolescents didn't become sexually active as early as they do today. Further the age of menarche has decreased (now 12.5 years), and this combination of factors contributes to the reasons why more young women become pregnant now at earlier ages. And, until fairly recently, our knowledge was limited about physical and emotional factors likely to affect pregnancy outcome in adolescence. To compound the problem, changing behavior patterns appear to have increased some of the effects. Yet with the increasing number of teenage pregnancies, there are alternative measures that parental forces may advocate; and that is to abort or terminate the pregnancy, and many girls are choosing that route, yet many

are continuing their pregnancy.

The nature of a teenage pregnancy effects not only the individuals involved directly (male and female) but also the family matrix, community, and the wider society. Disorganization of family relationship is one variable that some researchers have concluded as influential in the rise of teenage pregnancy. I plan to show that there are not deviant structures within Black families related to causal factors of teenage pregnancies, that there are strengths and bondness within family relationships of the Black families observed.

## II. Review of the Literature

Explanations for teenage pregnancy have covered a wide range of interpretations. The phenomenon has been examined from an evolutionary perspective which holds that generic inheritance, environmental conditions, and illiteracy are the caused factors for teenage pregnancy. These explanations are no longer considered viable and have been replaced for the most part by an emphasis on many cultural differences. Jane C. Kronick (1968) delineates three broad categories within which research on illegitimacy has been done:

1. Purely descriptive data.
2. Hypothesis development for future research.
3. Studies which state a problem and employ standard research procedures to verify hypotheses.

She finds that most of the studies on teenage pregnancy available are of the first two, and very few are of the third type. Furthermore, these studies were from White middle class students as their subjects. Most studies of Black families, usually in the ghetto, have indicated, in contrast to White families, that Black families often begin with the birth of an illegitimate child, and that this might have some effect upon the child's upbringing. Ann Fischec (1968) found that Black adolescent females who become pregnant nearly always continue to live with their immediate relatives. Joyce Ladner (1972) found that "...giving birth was a pinnacle of femininity and womanness" in the Black community which



encourage or sanction early sexual behavior. Does this substantiate, in a sense, that, Black adolescent pregnancy is a result of cultural identity to femininity and womanness? Andrew Billingsley, (1968), states that "illegitimacy among Negroes, like other behavioral patterns, must be understood in the total context of Negro family life." This idea states that illegitimacy should be evaluated according to the value system of the particular group under study. Some subcultural groups may not have norms opposed to teenage pregnancy or may have positive sanctions for it. Since the family is the most influential primary group, the most important site of socialization and social control, and the place where norms for behavior are learned and strengthened, the family should be examined for causality of attitudes and behaviors.

Dr. John Doby addresses the fact that Black adolescents: (1) have friends who have an early pregnant experience, (2) characterize their pregnancy as a happy experience, (3) lived with relatives or one parent, (4) have no serious problems with parents, yet relationship with the putative father diminished. White pregnant adolescents were likely to: (1) experience long periods of depression and neurotic characteristics, (2) be forced to abort, (3) be forced to either marry the putative father or receive legal help to secure financial arrangements of mother and unborn child, (4) have parents who are

very oppressing and reluctant to give support, (5) be sent away to relatives or institution, (6) be forced by parents to place child for adoption. Most studies indicated sexual permissiveness among both races, yet both had strong denial of sexual activity to parents, until pregnancy brings everything into focus.

Lester Kirkendall (1978) addresses strong peer influence toward sexual activity and pregnancy, which has brought many other attention to this topic area; he states that the likelihood of an adolescent to pattern after a once pregnant peer is much greater in our society. This has caused great concern to the community as a whole, because if proven, it can be a variable in the tremendous high number of pregnancies in the U.S. when ignorance or negligence of contraception is considered low. I feel that this is one of the most crucial causations of the great number of teenage pregnancy in our country. If proven true, we as parents, clinicians, and the public will have to address those very issues.

Robert Krammer (1978) challenged the assumptions that monogamy and morality are mutually defining and that out-of-wedlock births pretend the breakdown of marriage and family. He pointed out that reporting procedures differed according to socioeconomic class as did the availability of contraceptive methods and abortion, and he contended that these inequalities precluded the use of illegitimacy, as defined, as a measure of sexual morality or ethics.

The adolescent is confronted with what Erikson (1975) calls identity diffusion brought about by very obvious physical changes that are necessary to master tasks lending to adult-

hood. This might, of course, leading to adulthood. Virgil Herrick (1975) briefly stated the developmental task of adolescence as:

- (1) Striving for independence and autonomy;
- (2) Striving to be comfortable with their own bodies and to develop feelings of selfworth.
- (3) Building new and meaningful relationships with the same and opposite sex;
- (4) Seeking economic and social stability;
- (5) Addressing selves to the more of the adult world in an effort to develop a workable value system;
- (6) Learning to verbalize conceptually and to apply concepts and principles to practical situations.

John T. Doby (1977) describes another set of tasks to be accomplished in a relatively short period in terms of:

- (1) Having a successful pregnancy and outcome;
- (2) Re-orienting relationships to insure a place for the child;
- (3) Learning the task of becoming a mother.

The adolescent needs further clarification as to her orientation to reach highly valued traits such as ambition, assertiveness, and independence which have been excluded from the feminine sex role standard - the very traits that are associated with high self-esteem, and as pregnancy progresses, her self-esteem is lowered. The adolescent has the task of re-orienting and re-ordering relationships as a result of pregnancy, both with her parents and with the putative father. This usually results in conflicts, and the peer group then intervenes as a source of strength and consolation during these bleak periods.

The literature addresses the availability to peer support as the pregnant adolescent's search for self identity which is impounded with their eventual role of motherhood, and escape from parental forces. According to Helen Grace (1978), pregnancy estrangement from peer group relationships were deemed essential for the development of positive self-identity. On the other hand, Albert Deutsch (1975) tends to feel that pregnant adolescents tend to be loners and are inclined to be inactive in recreational interests. This is very typical. I feel that this happens because of the physiological changes that a pregnant adolescent's body has to go through, for the process of facilitating the unborn.

The authors also imply that most pregnant adolescents welcome the opportunity to talk with other girls who had or were having similar problems. They also implied that most adolescents seem to think that understanding could only come from another in a similar situation. This reaction is very normal, yet most pregnant adolescents receive just as much support, or more, from their peers, who may not have this experience. According to Richard Bauman, (American Journal of Public Health, 1976) pregnancy has been an artifact of the moralistic tone of the facility in

which they were housed. This indicates to me that societal approval toward pregnancy has been minimized, and of course the peer group upholds the pregnancy idea immensely, they have set the stage for a new sexual horizon.

Betty Moore Plionis (1976a) discusses sexual exploration as one of the most significant psychological events in a young person's history. She states as a result of this, there has been increased parental concern regarding the breakdown of sexual code of ethics; that there is a need for self-esteem among adolescents which will lend to the reduction of unsatisfactory decisions, especially regarding pregnancy, such as, use of ego defense mechanisms, and unwillingness to seek out new questions regarding the literature on adolescent pregnancy. She states that most of the literature lacked adequate conceptualization and makes impossible the formation of good hypotheses, and the delineation of cause and effort. She also added that there is a growing concern about apparent increases in adolescent pregnancies which have given use to a proliferate literature.

David Raines (1977), drawing from a variety of studies characterizing normal sexual careers, felt that the closely interwoven elements of self-respect and reputation are central to individual's pre-marital sexual careers. Inherent in the use of contraceptives is the

ethics. The author states that there are many modes of coping strategies, which serve to maintain self-esteem. These include seeking support of friends, perceiving role models acceptable to oneself and significant others, and modifying attitudes to fit one's decision. The need for self-esteem; however, may lead to styles of coping that reduce the chance of a satisfactory decision especially regarding pregnancy, such as use of ego defense mechanisms, and unwillingness to seek out new information relevant to the decision. Plionis (1976b) raised some questions regarding the literature on adolescent pregnancy, she states that most of the literature lacked adequate conceptualization and makes impossible the formation of good hypotheses, the delineation of cause and effect. She also added that there is a growing concern about apparent increases in adolescent pregnancies which has given rise to a proliferate literature, and achievement of sophistication, the attending risks of an imputation of promiscuity and a damaged reputation. To evade this self-definition, he surmises techniques of neutralization are utilized before the fact and thus may initially operate as a kind of prerequisite for sexual intercourse. Consequently, he maintain that sex education and the distribution of contraceptives fail to answer what is a moral and not an informational or access question.

Within this perspective, a linkage of cost and morality reinforces the definition of illegitimacy as a social problem. In accordance with the Protestant ethic, an association is assumed to exist between moral goodness, economic independence, moral "laxity", and economic dependence. Consequently, numerous studies have been commissioned to ascertain the relationship between illegitimacy, public financial aid, and out-of-wedlock recidivism among welfare recipients. Teenage pregnancy is more of an increase in general population of the large proportion of women of child bearing age and a function of changing sexual practices.

The Alan Guttmacher Institute has prepared the most comprehensive review of the problem of teenage pregnancy in its publication entitled, Eleven Million Teenagers. The December 1977 "Report on Teenage Pregnancy in Georgia" published by the Georgia Department of Human Resources concur that the Guttmacher survey is indeed the most recent and significant data available.

From statistics gathered in 1974, the institute projected that on a national basis, more than one million teenagers age 15-19 become pregnant each year. In addition, 420,000 to 630,000 13-14 year olds are at

the risk of having an unintended pregnancy, Nationally, teenagers state that nearly two-thirds of all their pregnancies and one-half of their births are not intended. Stated more significantly, more than 80% of the sexually active 15-19 year olds are at the risk of having an unintended pregnancy during any year. One in six actually do get pregnant, as cited by J. G. Dryfoos (1975).

A study done by the Georgia Department of Human Resources in 1976 confirmed that the situation of teenage pregnancy in the State of Georgia is second only to Washington D.C., according to Naomi Chamberlain, (1978).

In 1974, in Georgia, there were 1,179 pregnancies to girls 10-14 years old. In 1976, there were over 478,000 Georgia women between the ages of ten and nineteen. Six hundred and twenty-three live births were delivered to 10-14 year olds. An additional 17,973 live births occurred among 15-19 year old women. More specifically, one in every twelve girls age 15-19 had a baby in 1976. This is higher than the national average which is one out of 18, as cited by M. Zelnick and J.K. Kanter, (1974).

Both nationally and in the State of Georgia, pregnancy among adolescents occur in every ethnic group. The preponderance occurs at the lower economic levels, of which a



disproportionate number of Afro-Americans are associated as stated by Jean Pakter, M.D., (1965). About 42% of the teenagers at risk (1.7 million) are from low and marginal income families. Seventy-two percent of these families are Black, while only 33% are White as cited by Dr. John Doby (1978). When comparing the fertility rates (the number of live births per 1,000 females in any age and race category) for Blacks and other ethnic minorities, for 1960 and 1970, we see a decline. However, in 1970, the rate was still 134.4 births per every 1,000 teenagers age 15-19. This rate nearly triples the rate for Whites as a group, and easily doubles the national rate (fertility rate for Whites; 57.0 national fertility rate 68.0) cited by Dr. John Doby, (1978).

#### Medical Consequences

In addition to the volume, the consequences of teenage pregnancy are so severe they are considered a major health problem. Leading obstetricians list the following as medical problems teenage mothers often face: increased hypertension, anemia, prolonged labor, increased post-partum infections, and increased venereal disease rate, (Atlanta Constitution, 1977). Adolescent mothers are 1.3 times more likely to suffer from non-fatal anemia (11%) or toxemia (9%) as a result of pregnancy or birth than 20-24 year olds (8.8% and 6.9%), respectively, and are somewhat more likely to have complications during labor or as a result of a premature birth. Among other risk factors,

Pregnancy for very young teenagers deplete nutritional reserves needed for their own growth, and this place them at higher risks for a variety of illls as cited by the Alan Guttmacher Institute, (1976).

National death risk is 60% higher for teens than for women in their 20's and older, National Center for Health Statistic reports. To be more specific, the death rate for complications of pregnancy, birth and delivery, is 60% higher for women who become pregnant before they are 15 (16 vs. 10 deaths per 100,000 live births), while the rate for 15-19 year olds 13% greater than for mothers in their early twenties.

The medical consequences of an adolescent pregnancy may not only involve the mother, but the baby as well. The higher rates of premature births are the very low and the very high age levels as cited by John Doby, (1978). With children who are born prematurely, there is a high risk of neurological defects and incidence of illness. "Obviously, premature births result in low birth weight children which suggests inadequate time for bodily and neurological maturation." John Doby (1978); The chances of a defective child being born to a mother between the ages of 14-19 years is much greater than for a mother between the ages of 21-24 years. The percentage of infants weighing 2,500 grams or less is greater among very young mothers. The risk of death in the first year of life among infants who weigh 2,500 grams or less at birth is 17 times the risk among infants weighing 2,501 grams or more. Neonatal

mortality (deaths at less than 28 days as a proportion of all births in an age category) for mothers in the 10-19 category is almost 50% higher than the 20-29 category as cited by John Doby, (1978). In addition, other data indicate that those infants born to very young mothers who survive, have a higher percentage of physical complications, illnesses, and birth defects, which require costly medical service later. In conclusion, Doby cites from a summary by Jane Menken, "...infants of young mothers, especially very young ones, are subject to higher risks of prematurity, mortality, and serious physical or intellectual impairments than children of older mothers."

Andrew Billingsley, (1968) clearly explains that good health is a basic screen of opportunity. From the data above, it is not difficult to conclude that when an adolescent becomes pregnant, she often jeopardizes her health and the health of her baby. The health complications which are often the result of a teen pregnancy introject a road block to a young woman's efforts toward survival, stability, and social achievement.

#### Psychological/Emotional Consequences

Throughout the literature, pregnancy at any age is related to special types of stress and trauma. The adolescent who is pregnant can be confronted with additional stress, because this is a crucial developmental period. Adolescence is a time for growth, experimentation, change,

and developing oneself. The stress created when this stage is disrupted, is often more than adolescents can cope with, and maladaptive behavior is exhibited.

Two examples of maladaptive behavior are denial and depression. Denial of one's pregnancy can result in an inadequate diet during a crucial period and in the delay of medical care. Two-thirds to three-fourths of these women receive no prenatal care during the first trimester, and nearly 50% wait until prior to delivery. Denial can also occur before pregnancy. When teens deny they are sexually active, it may prevent them from seeking information and exploring the area of human sexuality and contraceptive counseling as stated by Marion Howard (1978).

When a teen acknowledges that she is pregnant, she may display symptoms of depression. The young woman may inflict forms of self-punishment on herself. Her (personal) equilibrium and homeostasis may become so imbalanced or her relationship with her parents, other relatives, and friends so disturbed that the pressure is often more than she can cope with, and the result is an increase in teenage suicide. Milder forms of self-punishment, resulting from depression, may be seen in the choice of poor nutritional diets and lack of personal care.

According to Frank Furstenburg (1976), when parenthood occurs in adolescence, it often creates a dilemma

in the young mother. "Parenting," one psychiatrist states, is diametrically opposed to what goes on during normal adolescent behavior. These teen parents may transfer this anxiety onto their child in the form of abuse (Luella Klein, 1975).

Again, Billingsley's model informs us that tremendous psychological and emotional resilience facilitates social achievement. Adolescent mothers who display examples of the maladaptive behavior as mentioned previously, impede their opportunities for social achievement.

#### Educational/Job Training Consequences

Andrew Billingsley (1968) indicates that strong families are often highly influenced by the education or educational aspirations of one or more members. The life opportunities of very young women bearing children may be severely limited since pregnancy may result in interrupting or halting their education.

Marion Howard (1978) cites facts that in 1974, statistics showed eight out of ten women who first become mothers at age 17 or younger never complete high school, twice as high a proportion as those who do not give birth until they are 20 or older. Even when the first birth occurs at age 18 or 19, the risk of dropping out of school before obtaining a high school diploma is 1.4 times greater. Nine in ten of those whose first birth occurs at age 15 or younger never complete high school, and more than four in ten never get past the eighth

grade. (Some 12,500 girls 14 or younger and 38,000 age 15 gave birth in 1974). Young women who remove themselves from the educational arena miss not only the academic opportunities but other benefits often derived in an educational setting. The loss of peer contact and motivational role models are often resultant.

According to Billingsley (1968), a most important factor in the provision of screens of opportunity are the Negro (Black) role models in providing a source of emulation, encouragement, and motivation for survival, stability, and social achievement.

Teenage mothers are often forced to forego job training and other opportunities for personal growth and development. In considering the screen opportunity, Andrew Billingsley (1968) points out that the very jobs a young person holds often provides important secondary socialization vehicles toward upward mobility. When job opportunities must be circumvented for other responsibilities, the opportunity to use those vehicles are minimized.

#### Economic and Social Consequences

Planned or unplanned adolescent pregnancy increases the economic strains within the family unit. In one U.S. study, one-third of the mothers who have their first child between the ages of 13 and 15 were below the federal poverty line, and incidence 2.6 times greater than among women who postponed childbearing until age 20 or later (12 percent of whom were poor). Those who first gave birth

at age 16 and 17 were two times more likely to be poor and even those who gave birth at ages 18 and 19 were 1.4 times more likely to be poor as cited by L.A. Bacon, (1974).

Economic dependence may increase as unmarried mothers and low-income families turn to public assistance programs for economic support. Reginald Carter and Cathy Nell, (1974) state that these families do not have secure economic footing which contributes to survival, stability and social achievement. Teenage mothers are less likely to work and more likely to be on welfare than mothers who first gave birth in their 20's. A New York City study showed that 72% of mothers who gave birth at ages 15-17 were receiving welfare, 4.6 times the proportion of those who gave birth at ages 20-24, while 41% of those who gave birth at 18 or 19 were on welfare, 2.6 times the proportion of mothers who began childbearing in the early 20's cited by H.B. Presson, (1973) of Alan Guttmacher Institute.

If teenage mothers marry, they are more likely to have unstable marriages than other teens of the same age and socio-economic status who marry. Brides aged 17 and younger are three times more likely to split up with their spouses than those who marry in their early 20's, a survey of U.S. ever-married couples showed more than one-quarter of first marriages where the bride is 14-17 end in divorce or separation, compared to 10% where the bride is 20-24.

Teenage mothers also face the difficulty of finding child care facilities. Subsidized day care services are

needed for at least seven million children under six, but there are facilities for only four million children of all ages. The teenage mother's greatest need is for infant care since, if she must wait until her baby is two or even three to place the child, the likelihood of completing her own interrupted education becomes remote. Yet 15 states have laws prohibiting licensed day care centers from accepting infants as quoted by W.L. Pierce, (1974).

The aforementioned components are involved in the dynamics of a teenage pregnancy. The family is therefore responsible for all actions which led up to the pregnancy and must assume all aspects of problems which arise as a consequence of the pregnancy.

Teenage pregnancy has implications for the individual, their respective family matrix, and the larger society. Pregnancy is a radical shift in the traditional role of the adolescent and the phenomena of teen pregnancy in all communities demands that all of the above components be present to assure the survival, stability, and social achievement of the new family unit. The inability of the family to resolve this problem necessitates data collection and research so that social action can be effective in ameliorating the problem.



### Theoretical Bases

Based on other studies, it was postulated that there would be differences observed between the environments of Black lower class adolescents: teenage mothers and the environments of similar adolescents who had never been pregnant. This study postulates that there are not significant differences of familial relationship among Black non-pregnant teenagers and Black mothers. More specifically it is postulated that observable differences within the family structure would not account for illegitimacy among either group.

The problem under investigation, relationships within families of Black lower class pregnant adolescents, is viewed within a theoretical framework of family disorganization which incorporates three aspects: economic instability, weak parental role, and incomplete family structure.

E. Franklin Frazier (1939) states that Blacks in the ghetto demonstrate a large amount of family disorganization. Frazier sees the economic factor as the primary problem which prevents the Black lower class from maintaining a stable, well adjusted system of family relationships. The lack of a stable family system results in absence of proper socialization process. Much of illegitimacy, according to E. Franklin Frazier (1939) results from disorganization in an adolescent's early family life.

William J. Goode (1961) on the other hand, attributes high illegitimacy rates to the parent's role failure of both the mother and father especially in regard to social control. William Goode (1961) sees illegitimacy to be related to weak adult role models which result in the low integration family norms. Albert J. Lott (1963) concludes that it is probable that there are important factors in understanding the Negro girl's motivational orientation and the degree and type of responsibilities which Negro women assume in the family and community.

The third orientation is structurally view by David A. Schulz (1969) in which the Black lower class family is viewed as being more than complete or incomplete, stable or unstable.

Billingsley (1969) along with schultz (1961) take similar positions in offering a typology of family types beyond a mere complete or incomplete model. They delineate the matriarchal, equalitarian and patriarchal family patterns according to the relative strength of adult parental figures and agree with Frazier. It was observed that most studies of Black adolescent pregnancy among lower class families have been compared with the typical model of the majority of White American families where sex roles are recognizable separate, where the male is both the main authority figure and income earner, and where the female is the primary agent of socialization for the

children. This researcher plans to employ a different perspective which will become sensitized to the Afro-Centric Model. Within the context of the Afro-centric model, one needs to address the issues from an universal viewpoint, of emphasis on minority culture within a White dominant society. One needs to address the cultural heritage when explaining behaviors, excluding deficits surrounding these behavioral patterns, and examine the social ramifications that are prevalent within the lower class of Black teenage mothers.

Before becoming preoccupied with the thoughts of deviancy with Black teenage mothers, the Afro-centric model will give us a perspective in understanding why certain patterns are more prevalent in one culture and not in another. For example, in the Black community, there is much concern as to what kind of woman one should become, and this subject is addressed when girls are still preadolescents. There are a number of role models in their immediate environment who are used as sources of identification. Therefore, images of what kind of woman one should be takes on a variety of forms. Conceptions of emerging womanhood are transmitted from generation to generation.

Although there are a variety of role models for these girls to choose from they are still restricted, more or less, to emulating and following certain patterns of their mothers and other women in their immediate environment. Thus, there are often pervasive influences which experience within their home and the community, even if they did aspire to move

higher in the social class hierarchy.

Moreover, the responsibilities she has had to assume are often those carried out in other social classes by adult females. Such as caring for siblings, doing housework, interacting with adults on an equal basis and attempting to imitate many adult behaviors. These factors contribute substantially to the following process of securing autonomy, and in dependence resulting in many adult roles such as becoming mothers.

Therefore, with this clear understanding of a minority's culture; historically as well as present, we can now begin to clearly understand some reasons one culture supercedes another in reference to certain social problems such as teenage pregnancy, without employing or placing teenage pregnancy in the context of the deviant perspective from White middle class standards.

### III. Methodology

The sample in this study was divided into an experimental and control group. The sample for the experimental group was selected from records of Black adolescents from DeKalb County Family and Children Service's AFDC list and from a moderately low income community in Athens, Georgia. To be included one had to be of low or moderately low income, Blacks 12 to 19 years of age who had never been married and who had delivered a child for the first time.

The control group fulfilled the same criteria for inclusion as the experimental group except that none of the subjects were known to have been pregnant.

The sample included ten subjects for pretest: five in the experimental group and five in the control group. The final sample included 20 subjects in each group making for a total of 40 subjects.

Originally, the sample was planned to include two subjects to represent each age category, but this proved to be impractical for the present study. A selection of the experimental group by age was impossible to control since the study was conducted only over a two-month period.

Since the population utilized was a small sample the researcher notes that this condition limits the extent of generalization. Therefore, the finding may differ from the population which one might want to generalize upon.

Although the researcher questioned whether much emotion would be attached to a discussion of pregnancy in the population under study, it was included as a possible source of error in valid data collection. This consideration and the researcher's personal orientation dictated that in-depth interviews with emphasis upon open-ended responses be the source of data. This method was preferred over a pre-coded, fixed format interview since the goal of the study was to discover potentially relevant differences rather than measurement of previously defined differences.

A semi-structured interview format was used. (See Appendix A). This guide was pretested and reused according to the results. The interviews were structured around the basic questions to be answered which hopefully helped to establish confidence in the interview and lower any emotional bias which might have been evoked by a discussion of this topic.

The location for the interviews was chosen so that the highest level of privacy and comfort could be achieved. All interviews which were conducted proceeded only after the subjects were fully informed of purpose and future use of the information, Consent was asked only after explanation of the above and after assurances of confidentiality were given. (See Appendix B for; "Procedures for Obtaining Consent.").

The interviews averaged approximately 30 minutes in length with a range of 15 minutes to 40 minutes.

The control subjects were interviewed in their homes. As much as possible the same standards of privacy were maintained. Contact was made between one and three weeks prior to actual data collection by a letter of purpose and explanation sent to the parents of the adolescents asking for their consent. A part of the home conducive to privacy was chosen for the interview.

Asking the adolescent herself for her attitudes, reactions, and descriptions of the structure and relationships within her family represents a new approach to this problem. More studies should be implemented and forward entirely on the adolescent. Since, the pregnant adolescent is singley focused on, it would seem that her responses are quite important. By maximizing privacy in familiar surroundings, much of the mistrust and embarrassment associated with such an interview was hopefully minimized.

Age	Experimental (Pregnant)	Control (Never Pregnant)
11	10%(2)	10%(2)
12	5%(1)	5%(1)
13	15%(3)	15%(3)
14	20%(4)	20%(4)
15	10%(2)	10%(2)
16	10%(2)	10%(2)
17	10%(2)	10%(2)
18	10%(2)	5%(1)
19	5%(1)	5%(1)

n = 20



#### IV. Findings and Results

Data collection fell into two categories of response: family structure and familial relationships. I will begin by presenting the data for family structure. Since the purpose of the study was to discover potentially relevant differences rather than to measure previously defined differences, the tables presented are for comparative purposes only, and the data should be interpreted accordingly. Analysis is limited to frequencies and percentages, and therefore no reference is made to statistical significance.

The second part of the study presents the adolescent's relationship to various members of her family. The semi-structured design of the interviews necessarily elicited a variety of responses. The open-ended questions, probes, and responses do not permit the form of tabulation used to present family structure. The section concerned with these results will therefore emphasize content rather than enumeration.

Although the sample size for both experimental (pregnant) and control (never pregnant) groups was small, references to the findings are in terms of relative frequencies. Absolute frequencies are included in the first table for the reader's benefit.

##### Family Structure

When referring to the groups under study, the terms

pregnant and never-pregnant will be used instead of experimental and control groups. Since pregnancy was the only variable on which the two groups differed, this practice will eliminate repetition. The first section of the study deals specifically with the following questions:

1. Present family structure of the respondent.
2. Family structure while respondent was growing up.
3. Number of children in the respondent's family and their relationship to her.
4. Birth order of respondent.
5. Presence of other relatives in the respondent's home.

The interview guide was broadly structured to evoke a wide range of responses. The semi-structured format required a content analysis for each interview. From this simple analysis came the data which are presented below in Tables 2 through 7.

The subject was first asked with whom she resided at the present time. This question was designed to discover whether she was living with her real parents, stepparents, other relatives, foster care, boyfriend or husband, or a combination of these. Every respondent was fully aware of all relationships within her home. Table 2a summarizes the results.

These five categories represent the three living arrangements which were mentioned. These are broad categories which do not take into account the specific relationships involved. These serve only to illustrate the extent to

TABLE 2(a)  
PRESENT FAMILY STRUCTURE

	Pregnant	Never- Pregnant
Two Parents Present	25%(5)	25%(5)
One Parent Present	15%(3)	30%(6)
Living with Other Relatives	30%(6)	15%(3)
Fostercare	5%(1)	30%(6)
Boyfriend or Husband	25%(5)	0%(0)

which the groups live in a home headed by one or two parental figures by other relatives or other alternative home situations. Fifteen percent of the pregnant group and 30% of the never-pregnant group reported living with at least one parent. While only 25% of the never pregnant group lived with two parents, 25% of the pregnant group did also.

The data from these broad groupings were broken down to investigate specific parental relationships. The category for "Other Relatives" was not included in this breakdown, but was further extended in a later section (Table 4, page 30). The only further mention here is that of the 30% pregnant respondents living with relatives other than parents, 3% were living with a sister and 3% with a maternal aunt and uncle. Of the 15% never-pregnant subjects in this category, the majority were living with a maternal grandmother, and the rest were evenly divided between their maternal and paternal grandparents (Both grandparents present). The responses indicating a presence of two parents were categorized as either real parents or real mother and stepfather or vice versa. Another dominant category with the never-pregnant group was foster care, with only 30%. The pregnant group had high living arrangements in the boyfriend and husband category.

Table 2b points out an interesting comparison between the two groups of subjects. Although there is no difference

TABLE 2(b)  
TWO PARENTS PRESENT IN FAMILY

	Pregnant	Never- Pregnant
Both Real Parents	10%	20%
Real Mother Stepfather	15%	5%
Real Father Stepmother	5%	5%
Total	30%	30%

TABLE 2(c)  
ONE PARENT PRESENT IN FAMILY

	Pregnant		Never-Pregnant	
		30%		30%
Real Mother Only	Father Deceased	15%	Father Deceased	10%
	Parents Separated or Divorced	10%	Parents Separated or Divorced	15%
			Mother Never Married	5%
Real Father Only	Mother Deceased	5%	Mother Deceased	5%

in total numbers, the two groups are evenly distributed between the sub-categories when broken down. The division is as even as possible since a difference of 5 percent points represents only one respondent. Only 10 percent of the entire pregnant group and 20 percent of the never-pregnant group were living with both real parents at the time of the interview.

The families headed by two parents all include the subject's real mother; or real father.

The second breakdown of the original three categories revealed a greater variation. Of those who reported living with only one parent, there were four different types of structure mentioned. Specific identification of the parent revealed that 5 percent of both the pregnant and never-pregnant groups were living with their real father only. Thirty percent of the pregnant group were living with only their real mother as were 30 percent of the never-pregnant group. When the responses of all but those who reported living with other relatives, boyfriend, and foster care were combined, 40 percent of the pregnant group and 30 percent of the never-pregnant group were living with one or both of their real parents.

The pregnant group was evenly divided between one and both parents, 25 percent for two parents and 15 percent for one parent, but the majority (25%) of the never-pregnant group were living with two real parents. The specific sub-categories are presented in Table 2c.

This elaboration points out an interesting set of responses. Of the 30% in the pregnant group who lived with their real mother only, the major reason (15%) for this structure was the death of the real father. Only 10 percent of the families in

in this group were headed by the mother due to separation.

The data for the never-pregnant group who were living with their real mother only (30% of the total sample) even with a low third category in which the mother had never married. This category represents only 3% of the responses, and the remaining 25% are divided between the other two. Here we see that there was a 5% difference of families headed by the mother due to the father's death as due to separation. Of the 5% pregnant and 5% never-pregnant respondents who lived with their real father only, the sole reason given was the death of the mother. By combining the categories, 20% of the pregnant group were headed by one parent because of the death of the other. Fifteen percent of the never-pregnant group followed the same structure.

Following the section on present family structure was the emphasis on the adolescent's family while she was growing up. In concurrence with the entire study design, the time of "growing up" and "now" were not rigidly defined by years of age. Definition of these time periods was left to the individual respondent's interpretation. None of the adolescents in either group ever asked for such a definition. Since the interviews were designed to elicit attitudes, our interest was in the respondent's definition and differentiation of the two time periods. The purpose of this study was to discover possible patterns within each group that might be a contributing factor to adolescent pregnancy, and therefore a knowledge of prior family experience was important.



TABLE 3  
FAMILY STRUCTURE WHILE GROWING UP

	Pregnant	Never- Pregnant
Both Real Parents	30%	25%
Real Mother Only	30%	15%
Real Mother Stepfather	5%	15%
Real Father	5%	5%
Real Father Stepmother	5%	5%
Grandparents	10%	5%
Fostercare	10%	30%

The same elaboration procedure had been planned for this section but was negated by the results. There were seven categories of response across the two groups although not every category was reflected in each group. Interpretation of the results in Table 3 must be prefaced by the above statements concerning the flexible term "growing up."

Rather than discuss the whole of Table 3, it is merely pointed out that there were 5 percent never-pregnant responses under "Grandparents" and 10 percent more under pregnant responses, which shows 5% difference.

The next stage of the presentation of results takes into consideration family structure "now" and "while growing up." Changes in family structure were noted and later tabulated. A change of family structure was considered to be a change from one of the reported structural types to another. A large percentage of the families of the adolescents in both groups changed structurally between the period of growing up and the present time. Table 4 summarizes these changes by percentages of total response per category. (The headings represent the presence of a mother or father and the structure of their relationship.)

These results indicate that there were changes in family structure, both in the presence of parents and in their relationship, in all categories across groups except one. There was a 15 percent decrease from "then"

to "now" in families which included the respondent's real mother and real father in pregnant groups and 25 percent decrease from never-pregnant groups. Families headed by the real mother alone decreased in percentage within both groups. A 5 percent increase in father-headed families was observed in both groups. Only 5 percent more subjects in the pregnant group reported changes in a real mother-stepfather situation. Five percent was reported for changes in a real father-stepmother situation. While the change for living with "Other Relatives" was 20 percent in the pregnant group, the never-pregnant group noted 2 percent change. Fostercare had 5 percent change in pregnant group and 3 percent in never-pregnant group. Boyfriend or husband category for pregnant group increased from 0 to 25 percent. The never-pregnant group remained at zero percent.

Particularly noteworthy are the parallel changes per category for each group. In two out of the five categories the percentage of change in both pregnant and never-pregnant groups is exactly the same. The only cases which deviate from this pattern are "Fostercare," "Boyfriend," "Real Mother-Stepfather," and "Other Relatives," the latter of which shows no change in the never-pregnant group. This is comprehensible because all other relatives noted by this group were grandparents while the 20 percent increase in the pregnant

TABLE 4  
CHANGES IN FAMILY STRUCTURE

	Pregnant		Never-Pregnant	
	While Growing Up	Now	While Growing Up	Now
Both Real Parents	40%	25%	50%	25%
Real Mother Only	35%	15%	20%	10%
Real Father Only	-	5%	5%	5%
Real Mother Stepfather	5%	10%	20%	10%
Real Father Stepmother	5%	5%	5%	-
Living with Other Relatives	10%	30%	5%	3%
Fostercare	10%	5%	30%	6%
Boyfriend or Husband	0%	25%	0%	0%

group represented a change to families headed by a maternal aunt and uncle as well as a sister.

The next variable introduced was the number of children in the adolescent's family. The interview covered the total number of children in the respondent's family, the number of brothers and sisters, and the number of full siblings and stepbrothers and step-sisters. The total number of children is presented in Table 5.

In the pregnant group, 50 percent of the families included 7 to 10 children, whereas in the never-pregnant group, 75 percent of the families had only 1 to 4 children. The pregnant group did not include any "only" children as compared to 10 percent of these in the never-pregnant group. By comparing the number of children by groups, the never-pregnant group showed higher percentages in numbers 1 to 4, and the pregnant group showed higher percentages in all categories over 7. Even more revealing is the fact that 40 percent of the never-pregnant group reported a family size of more than 5 compared to 75 percent who did so in the pregnant group.

Whether or not the presence of more sisters or brothers will prove to be important in its final implications, the results are interesting. Among the pregnant respondents, 60 percent of the families had more girls than boys (from 1 to 8 more). Only 5 percent of these were all girls. Thirty-five percent of the families had more

TABLE 5  
TOTAL NUMBER OF CHILDREN IN FAMILY  
(Including Respondent)

Number	Pregnant	Never- Pregnant
1	-	5%
2	10%	10%
3	10%	25%
4	15%	10%
5	20%	-
6	-	10%
7	10%	25%
8	20%	5%
9	5%	-
10	10%	-
11	5%	-
12	-	-

$$\bar{X} = 6.4$$

$$\bar{X} = 4.2$$

boys than girls (again from 1 to 8 more). The never-pregnant group showed similar results in that 70 percent of the families showed more girls than boys (from 1 to 3 more). Of these, however, 10 percent had no brothers or sisters and 15 percent had all girls.

There are three differences between the two groups. First, 10 percent of the families of the never-pregnant group had a greater number of girls than boys. Second, none of the pregnant subjects were "only" children, and just one subject was the only girl in the family. This contrasts to the never-pregnant group in which two subjects were "only" children and 7 were the only girls in their respective families. Third, there was a variation in the range of differences in numbers of brothers and sisters. The 60 percent which had more sisters than brothers in the pregnant group ranged from 1 to 8 more girls where the same figures were only 1 to 3 more girls in 70 percent of the never-pregnant group.

In the pregnant group, 55 percent of the families did not include stepchildren. Of the 45 percent that did, 30 percent had only one stepchild; 10 percent included 3 stepchildren; and the remaining 5 percent specified "some." Of the families with stepchildren, 33 percent contained stepchildren from the adolescent's real mother and different fathers. The remaining families were evenly distributed in relation to the stepchildren's respective mothers and fathers: mother's children only, stepfather's children only, and mother and stepfather's children

together. These, of course, were all defined according to their relationship to the respondent.

The never-pregnant group reported 55 percent of families with no stepchildren and 45 percent with 1 to 3 stepchildren. Of this 45 percent, 30 percent had only one stepchild in the family, and the percentage (5%) was the same for both 2 and 3 stepchildren. These results closely parallel the results for the pregnant group. Further elaboration by parents was omitted because some of the responses were missing or incomplete.

The interviewer collected information on birth order of respondents as reported in Table 6.

Most of the pregnant respondents were middle children or younger (70%). The highest percentage fell in the "second youngest) category. The never-pregnant group contained a higher percentage of respondents above the "middle" category, and the highest percentage was "oldest." These results are exactly the opposite for the two groups. These data represent more pregnant adolescents occupying younger positions in birth order than the never-pregnant girls who tended to occupy older positions.

The final variable considered in the first half of the interview was the presence of other relatives living in the respondent's home both now and while she was growing up. As with "Present Family Structure," the researcher did not specify an exact meaning of when "growing up" was over. This was again left to the interpretation of the



TABLE 6  
BIRTH ORDER OF RESPONDENTS

	Pregnant	Never- Pregnant
Youngest	20%	10%
Second Youngest	30%	5%
Middle	20%	15%
Third Oldest		5%
Second Oldest	15%	20%
Oldest	15%	35%
Only Child		10%

respondent. Length of time spent by other relatives in the respondent's family was also explored. However, since many responses were general and often vague, these results were not included. Although most respondents included in Tables 7a and 7b have positive responses at first, further probing revealed that often the specified relatives were just visiting. A distinction was made between mere visits and extended periods of time which were usually six months or longer. The results appear in Tables 7 (a-c).

These results indicate that 20 percent fewer families in the never-pregnant group (35%) than the pregnant group (55%) included other relatives. The 55 percent of the pregnant group that included other relatives was spread over 5 categories, and all but one category (nieces and nephews, 35%) contained only 5 percent of the total. The never-pregnant group was less variable. The 35 percent included here is 20 percent lower than the pregnant group and in turn covers only three categories. Even when we exclude the 5 percent of the pregnant group who did not live with some form of parent, 50 percent of the group still reported the presence of other relatives. Of these relatives, 35 percent were children of the respondent's sister.

The never-pregnant group provides an interesting comparison. If the 20 percent not living with some form of parent are excluded, only 15 percent report the presence of other relatives which is a difference of 35 percent

TABLE 7(a)  
 PRESENCE OF OTHER RELATIVES NOW

	Pregnant	Never- Pregnant
Nieces and Nephews	35%	-
Aunt	-	5%
Aunt and Uncle	5%	-
Aunt, Uncle, Children	5%	-
Grandmother Grandfather	5%	10%
Living with Other Relatives Now	5%	20%
None	45%	65%

between the two groups. In both groups, the relatives with the respondent's families were maternal relatives except for one paternal sister-in-law.

Table 7b presents the results of the next emphasis on the presence of relatives while the adolescent was growing up.

There are only slight differences between these specific categories and those included in Table 7a, but there is a rather noticeable difference between percentages of the presence of relatives while growing up and at the present time. Forty-five percent of the pregnant group reported having no relatives living with their families now and 35 percent similarly while they were growing up. This decrease of 10 percent is less significant when it is compared to the parallel decrease of 35 percent in the never-pregnant group. No change was reported by the respondents in the category "Living with Other Relatives" in each group both while growing up and now. The number of families in the pregnant group which included other relatives while the adolescent was growing up decreased by 10 percent to the present time (from 65% to 55%), but there was a larger decrease in the never-pregnant group (70% to 55%). The pregnant group showed a similar variation of specific relatives who were present while they were growing up as was observed for the present time.

Finally, a comparison was made between the results

of tables 7a and 7b to determine whether there would be great extent of change between the two time periods (Table 7c). Fifty-five percent of the pregnant group and 50 percent of the never-pregnant group did not experience a change in family structure. A breakdown of these percentages is given under subheadings to indicate the specific structural changes.

Change occurred in 45 percent of the pregnant group and 50 percent of the never-pregnant group. This difference is only 5 percent between those who experienced a change and those who did not experience a change in the presence of other relatives living with their families. Since 5 percent represents only one respondent, the difference is slight.

#### Familial Relationships

The second part of the study focused on the subjective aspect of the subject's perceptions and attitudes toward her family. While the first part was concerned with the structural aspects of the family, the second part investigated ideational elements. The format employed to present the results on family structure is inappropriate to describe the variety and depth of responses to questions about personal relationships. Not only would accuracy be reduced, but also the purpose behind the study design would be negated. The results will therefore be presented in summary form. Major topics covered will be discussed for each group separately, and a comparison of the two will follow.

Family as a Whole. The opening question asked was, "How do you feel about your family as a whole?" In the group of pregnant adolescents, the responses were most often given in a few words such as "they're alright" or "it's nice." A few of the subjects responded in terms of emotions such as, "there ain't nothing to describe. I love them all." Some described their relationships to their families in terms of a particular member whom they felt particularly close to. Probing usually elicited more revealing responses. One difficulty in presenting these results is that a clear distinction was never made by the pregnant subjects between the family as a unit and particular members. On a few occasions, the researcher had to rephrase the question because the respondent did not know how to answer. The substitute was to ask the adolescent to "tell me a little bit about your family." In a few cases, even very simplistic phrasing could not evoke extended replies. The most verbal pregnant respondent defined her feelings toward her family in the following way:

Interviewer: How do you feel about your family?

Beverly (age 17): What do you mean?

Interviewer: Well, did you feel close to your family?

Beverly: We all went to school every day, and, I felt like, you know, I wasn't treated right. I just feel like my mama doesn't love me because she didn't treat me like she treated the rest of us. We got no half-sisters, no half-brothers, no halves

in the family. I used to tell her she didn't love me, but she said she did. But I just feel she didn't.

Interviewer: Why did you feel that way?

Beverly: She just didn't treat me the same. I couldn't never go nowhere, but I used to see my sisters go somewhere, and I wanted to go too.

Another 17 year-old spoke of her family in terms of a brother:

Mary Elaine: They're ok. I feel real close to my brother more than the rest.

Interviewer: Why do you think that is?

Mary Elaine: I don't know. He always helps me out like when we get to fighting. I guess I like all of them about the same, but I just feel closer to him.

Another respondent answered in the same terms, that it was "hard to get along with the one who's 15." (Emphasis added.) Thus, the general responses in this group to questions about their families as a whole included few descriptions of emotions. There seemed to be an inability to see the family as a single entity and to respond in feelings which would incorporate all members at once. A fifteen year-old replied, "I like them. I mean I love my mama, but I don't know whether I like my stepdad." Even though there were six other children in the family, she did not include them in her reply.

In summary, it was difficult to recognize patterns of response to the questions considering the family as a whole in the pregnant group. The responses were either short and

nonelaborative even with continued probing, or they were given in terms of specific family members. Very few responses focused on an emotional relationship or emphasized close feelings about the family. Only one subject described her feelings in terms of happiness:

Josephine: Everybody's happy.

Interviewer: What is it about your family that makes everyone so happy?

Josephine: I don't know. We just are.

There was some difference in the types of responses given by the pregnant group and the never-pregnant group. One immediately noticeable difference was that the second group, on the whole, had less trouble answering the question pertaining to attitudes toward their families. There was a definite "we" feeling among this group when they spoke of their families as a whole. Examples of these included below were selected because they are representative of the group:

Mary (age 16): I guess it's alright. All of us get along together. Don't nobody get out of hand. We just all be together.

Willhelmina (age 14): I like being here and all that. It's nice being here. I don't see nothing wrong with it. It's nice.

Lorine (age 15): Sometimes I get tired of them when they worry me, but they's alright.

Marget (age 16): I feel close to them. Sometimes we have disagreements, but we have an understanding in the family.



Audrey (age 17): It's alright. It's ok. We get along pretty good. Do things together like trips and outings. Like if one person has problems in different subjects in school, we work that out together.

No one in the pregnant group mentioned an "understanding in the family" or anything paralleling this response while similar implications were observed frequently in the never-pregnant group. The exact wording would naturally be expected to differ between each respondent, but the thoughts which were expressed differed both in depth of feeling and orientation.

Mother. The responses in this section were the most extensive of all the sections. The subjects in both the pregnant and never-pregnant groups responded with definite answers which related directly to their mothers. As the interviewer proceeded from questions specifically dealing with the mother, subjects in both groups tended to extend their responses in length and substance. This was particularly true of the pregnant group.

An overview of the pregnant group's responses reveal that there were three general emphases of description of the adolescent's relationship to her mother. This group described the relationship in terms of either the mother's leniency or control; her role as a provider; or the degree of closeness she felt within the relationship. Most pregnant subjects spoke of their mothers in terms of her ability to provide for them. One seventeen year-old's

response is a good example of this emphasis:

Well, I felt mistreated by everybody. My mama told me I wasn't mistreated, but I was. See, I was going to school. I didn't want to go to school looking trampy and nasty. I wanted to go to school looking pretty like the other girls. My mama she bought me, but she bought me when she got ready. I wanted a new outfit every week. I was going to high school and I wanted to look good like the other girls.

When referring to their mother's relative control over their activities, most pregnant subjects replied that she was fairly strict.

Lorine (age 17): My mama, she just act funny sometimes. Like I got a little baby brother and he's so bad, and we don't get along very well. And you know, he's her baby and she don't whip him. I couldn't have a boyfriend until I was 14. She's strict with me, but she just have funny ways.

The third category, in terms of closeness of relationship, had the least number of responses.

Interviewer: How do you feel about your mother?

Beverly (age 16): I feel very close to my mother and she feels close to me.

Interviewer: Is there any reason why?

Beverly: I love her.

The never-pregnant group showed similar patterns of response to the pregnant group, but the responses did not

coincide with the three categories above. This group tended to define the relationship in emotive terms. With probing, about half of this group included responses pertaining to the respondent's ability to relate to her mother, to discuss problems with her, and to generally have a relationship resembling a "model" mother-daughter one. The problem encountered in summarizing this group's responses was that the responses were often stated in very general terms. Although the interviewer questioned the respondents in depth, it was often difficult to evoke in-depth responses. A summary of the results is therefore difficult. The only discernible pattern that emerged was that this group responded more openly at first questioning.

Father. The pregnant group and the never-pregnant group showed little difference in their attitudes toward their fathers or stepfathers (whichever was appropriate). The general pattern of response was the same for both groups. Of those who related to a father figure (all subjects except those whose father had died and had not been replaced by a stepfather), there were three groups of respondents: those who described the father in negative terms; in terms of his monetary and material support; and in terms of his relationship to the mother. The first group represented the largest number of respondents. The representative examples which are included below clearly indicate that the subjects, both pregnant and never-pregnant, had stronger and more positive feelings toward their mothers than their fathers.

Interviewer: How do you feel about your father?

Mary (16): He's ok I guess, but he don't always  
(pregnant) let me go all the places I want to go.  
Sometimes he's mean to us like he don't  
really like us.

Beverly (17): Well, he grouchy and mean. One  
(pregnant) thing I say, he never has whipped  
me.

Mary Elaine (17): He alright. I mean he never  
(pregnant) gave me any problem or nothing.

Wilhelmina (17): Not much to tell. We never have  
any close conversations like we  
should. I guess he don't really  
care about us.

Siblings: The responses to this section of the interview were the least involved of all. The pregnant group described relationships with brothers and sisters by either a short phrase such as "they're ok," "I like them ok," "I care about them," or in terms of the extent of their responsibility for each other. The latter was particularly described by subjects who had older sisters who had cared for them and helped to raise them. Only one respondent went into any depth about her brother, and this was probably due to the fact that he was the only boy living at home.

The never-pregnant group responded on the whole very positively about their relationships with brothers and sisters. Only three subjects referred to being put in the charge of older sisters. Only one commented on having to care for a younger sister. Being involved with a sibling's growth period thus seemed to make a deeper impression on the

subject than if she had not had such responsibility.

Two subjects spoke of their brothers in relation to the activities they enjoyed. One of these responses is given below:

Audrey:  
(never-pregnant) Well, my brothers like outdoors mostly, and they like all kind of sports. The oldest one likes cars. I guess they say since I'm the only girl I just fit in like one of the boys.

Other Relatives. The only responses to this section were from the subjects who had previously reported that other relatives were living with their families. Again, there was no difference evident between the pregnant and never-pregnant groups. This was the most difficult area for the researcher to probe. Most responses were neutral. Weak responses were given to describe the relationships by all subjects in both groups except two who stated:

Vanessa (age 16):  
(pregnant) I like them a lot. They're just part of the family, just like one of us. They help us do things and go on trips with us and everything.

Elaine (age 17):  
(never-pregnant) Well, that means my grandmother and my aunt. My aunt's ok but my grandmother, you know, she's too strict with her grandchildren.

The rest of the subjects seemed to feel rather neutral toward any other relatives living with them. It is interesting to note that the two subjects who did offer more information, spoke about female relatives. This was

true of other subjects as well. A male relative was never the focal point of the responses.

To reiterate, the results of the study are presented in summary form:

1. There was no significant change in never-pregnant and pregnant respondents living in families headed by two parents. More pregnant respondents lived with both real parents.
2. Most of both the pregnant and never-pregnant groups who reported living in families headed by only one parent were living with their real mothers.
3. The single-headed families of the pregnant group were due more to the death of the father while the same number of never-pregnant families were single-headed due to the separation of the parents as to the death of the father.
4. Both the pregnant and never-pregnant groups experienced a change in family structure as measured by the marital relationship of the parents from the time "while growing up" to the present.
5. There was a significant increase in pregnant respondents reported living with boyfriend or husband.
6. There was a significant increase in never-pregnant respondents reported living in Foster care.
7. The families of the pregnant group contained more children than the never-pregnant groups.
8. Both the pregnant and never-pregnant groups included more sisters than brothers, but there were more families with "only" children and with all girls in the never-pregnant group.
9. The pregnant respondents tended to occupy younger positions in the family than the never-pregnant group who tended to occupy older positions in the family.
10. While fewer families of the pregnant group included other relatives while the adolescent

was growing than the never-pregnant group, there was a change by the time of the interview when there were more families of the pregnant group including other relatives.

11. There was little difference between the pregnant and never-pregnant groups in attitudes toward familial relationships. However, the differences observed were:
  - a. The pregnant group tended to describe their families in terms of the individual members, while the never-pregnant group saw their families as a unit.
  - b. On the whole, the never-pregnant group was more positive than the pregnant group in their attitudes toward mothers, fathers, and siblings.

## V. CONCLUSION

The purpose of this study was to focus on family structure and familial relationships as one aspect of family disorganization of the environment of Black adolescent mothers. Although a specific hypothesis was stated (see page 3), the purpose was the discovery of potentially relevant differences rather than the measurement of previously defined differences. The hypothesis was a guideline which directed the study. No statement of acceptance or rejection of it can therefore be made. All conclusions drawn from this analysis are tentative and should be used only as a basis for more extensive research.

As summarized earlier in this study, the Black family has been studied according to a model of family disorganization based upon a perspective of deviance from a White, middle-class norm. However, the results of the present study, we feel, has raised serious questions concerning whether we should view the Black family in relation to how it deviates from the majority of families. The results point to interesting conclusions about the actual family structure itself. If these same results are later substantiated in continued research, there would be strong evidence that the Black lower-class family is not as disorganized structurally or relationally as many researchers



seem to believe.

It would be assumed, using a deviance model of disorganization, that there would be a higher rate of disorganization in the families of unmarried mothers. However, the results of this study do not substantiate such a statement. Nearly half of the pregnant group were living with two parents at the time of the interview (25%), while only 25 percent of the never-pregnant group were living with two parents at the time of the interview (Table 2a). The percentage of families in the pregnant group headed by only one parent was 15 percent while 3 percent more families of the never-pregnant group were headed by only one parent. These results give evidence for questioning a hypothesis that teenage pregnancy results from homes headed by single parents, which might be considered a form of disorganization. Rather, more families were headed by one parent only in the pregnant group than in the never-pregnant group. Although we cannot say that most families in the never-pregnant group were living with two parents, because the same percentage of the pregnant group were living with two parents.

The same pattern of results occurred with those subjects who reported living in families headed by relatives other than their parents. While only 3 percent of the pregnant group fit this category, triple as many (15%) of the never-pregnant group did.

When these broad categories were broken down, interesting

results appeared. The elaboration exposed a new point of comparison (Table 2b). Of the 25 percent pregnant subjects who lived with two parents, only 10 percent were living with both of their real parents. This last group was the second lowest percentage of all pregnant subjects. A similar pattern emerged in the never-pregnant group.

While 5 percent were living with only one parent, 15 percent were living with their real mother and a stepfather, 5 percent were living with real father and stepfather, and only 10 percent were living with both of their real parents. If we measure family stability and organization by the presence of both real parents, the difference between the two groups would be the same. However, we may suggest that since there is no significant differences between families of the pregnant group headed by two parents, real or not; and the never-pregnant group, and since fewer families of the pregnant group were headed by relatives other than one or two real parents, there is less family disorganization in the pregnant group than in the never-pregnant group.

The next elaboration revealed the specific subcategories or reasons why these families were headed by one parent (Table 2c). Simultaneously, both the pregnant and the never-pregnant groups headed by one parent were living with their real mothers only (30% respectively). Of these, 15 percent of the pregnant group and 10 percent of the never-pregnant group lived in families in which the real fathers were deceased. While only 10 percent of the single-headed families were due to separation of the parents in the

pregnant group, 15 percent of the never-pregnant group were mother-headed due to separation/divorce. That is, there were fewer separations in the families of the pregnant subjects than the never-pregnant subjects who were now living with only their mothers. The single-headed families of the pregnant were thus due more to the death of the father than to a more inherent form of disorganization, marital separation, which was more prevalent in the never-pregnant group. The difference between the two groups, however, was slight (5%). Since separation is a form of family disorganization, the results should have been the reverse to relate teenage pregnancy to family disorganization on the basis of present family structure. In addition, 5 percent of the families in the never-pregnant group were headed by only the mother because the mother never married, whereas this was never the case in the pregnant group. The differences within groups was also revealing. There were 5 percent more families that were single-headed due to the father's death in the pregnant group, and there was 5% difference within the never-pregnant group between percentages of the death of the father and separation.

Combining the results of family structure "now" with "while growing up" there are changes evident in all but two categories (see Table 4). There was a 25 percent decrease from "then" to "now" in both the families of the pregnant and never-pregnant subjects who reported living with both

real parents. That is, 25 percent of each group experienced a change in family structure from living with their real parents to another form between the time of growing up and the present time, which for the pregnant group included the time of pregnancy. Since the model of an organized, stable family has been one with both real parents present, it is apparent that at least half of each group conformed to this model while they were growing up. The change to a different structure was a recent change. Since these were first-pregnant subjects, it might appear that their pregnancy was related to the change. However, there was a similar change in the never-pregnant group. These results do not substantiate an original hypothesis that there would be differences seen between groups based on these measures of family structure.

The results for total number of children in the family (Table 5) show a distinct difference between the pregnant and never-pregnant groups. Most significant is the difference of percentage between the smallest and largest number of children in the families of each group. Fifty-five percent of the families of the pregnant group had seven or more children. The never-pregnant group included 75 percent of the families with four or less children. The families of the pregnant group, that is, contained more children than the never-pregnant group. The average number of children in the pregnant group was approximately 7 (6.6), and the average number of children

in the never-pregnant group was approximately 3 (3.4). Since the sample was small ( $n = 20$  in each group), no real conclusion can be drawn except that the difference between groups seemed to be very high.

Another interesting comparison between the pregnant and never-pregnant groups is the number of brothers and sisters in each family. Both groups had a higher percentage of families with more girls than boys (60% of the pregnant group, 70% of the never-pregnant group). If the percentages for both families with "only" children and families with all girls are deleted from the respective groups, both groups still have 55 percent of families with more girls than boys. It is interesting to note that there were less families with "only" children in the pregnant group (5%) than in the never-pregnant group (10%). There were also less families with all girls in the pregnant group (5%) than in the never-pregnant group (15%). Since there were no cross-tabulations done on total number of children in family and the number of brothers and sisters, the analysis is not as strong as it might possibly be. The apparent differences might need reinterpretation if this were accomplished.

The data collected for birth order of respondents revealed that 50 percent of the pregnant subjects were the youngest or second youngest in their families while 55 percent of the never-pregnant subjects were the oldest or second oldest in their families (Table 6). Seventy percent of the pregnant group were middle children or

younger, but 75 percent of the never-pregnant group were middle children or older. Birth order thus seemed to be related to pregnancy in this sample. Again, cross-tabulations of birth order with other variables presented on the children of the families would enable us to interpret these results more accurately.

An analysis<sup>1</sup> of the results for the presence of other relatives in the respondents' families shows that there was a smaller percentage (45%) of respondents with no other relatives living with them in the pregnant group than in the never-pregnant group (65%) at the time of the interview (Table 7a). However, these percentages are different for the same category while the subjects were growing up (Table 7b). During this time period a larger percentage of the pregnant group reported no relatives living with them (35%), although the difference between groups is only 5 percent where the former difference between groups was 20 percent. The data in Tables 7a and 7b reveal that there were more families in the pregnant group with other relatives present than in the never-pregnant group at the time of the interview. Although there was a decrease between time periods for both groups ("then" to "now"), the never-pregnant group showed a decrease of 35 percent while the decrease was only 10 percent in the pregnant group. Our analysis excluded those subjects who were living in families headed by other relatives and not parents. However, these families

(5% of the pregnant group and 20% of the never-pregnant group) did not show a structural change on the variable, of the presence of other relatives which seems to show more stability in families not headed by the parents of the subjects. These results reveal that families of the pregnant group included other relatives both "while growing up" or "now." Since there was a decrease in the presence of other relatives for both pregnant and never-pregnant groups, it would seem that there was little difference between the groups. However, the decrease was greater for the never-pregnant group than for the pregnant group. At the time of the interview, which was the relative time of the pregnancies, more families of the pregnant respondents included other relatives than families of the never-pregnant respondents. The results were reversed for the earlier time period, but the difference between groups was slight (5%). Tentatively, we may conclude that the presence of other relatives was related to pregnancy in this sample. The majority of the pregnant respondents reported the presence of other relatives while they were growing up as well as at the time of their pregnancies. The majority of the never-pregnant group also reported the presence of other relatives while growing up, but this was reduced by one-half by the time of the interview. Again, cross-tabulations would improve the validity of these results.

The second half of the interview covered familial

relationships. A major barrier encountered by the interviewer was the low verbal ability of the subjects. Most of the adolescents responded in short phrases or vague descriptions of attitudes and feelings toward members of their families. The interviewer had to probe extensively to evoke responses beyond a few words. An analysis of these results is therefore more difficult than for family structure.

When asked about their family as a whole, the pregnant group either replied in short phrases or in terms of particular family members. Although lack of verbal skill was certainly a primary factor, other explanations for the brief responses are also necessary for a complete analysis. There were few references to the family as a whole by the pregnant group. The respondents saw their families in relation to particular members, some of whom seemed to represent the whole family to them. When the large family size prevalent in this group is considered, it is possibly easier to understand why such families were perceived more as individuals than as units. This group showed a higher percentage of families with relatives living with them as well. It would seem reasonable to assume that close communication becomes more difficult when there is a larger number of people involved. In such a situation it would be more difficult to think of the family as an entity in itself which might explain the nonelaborative responses.

The never-pregnant group responded more fluently to



the question about their relationship to their families. This group showed an awareness of seeing families as entities in themselves rather than as separate members. The results also showed that there were more activities in the family as a group. This pattern becomes more understandable again by the size and structure of the family. The never-pregnant groups had fewer children in their families and fewer other relatives present.

The more intimate family in size and structure would probably aid communication and help a closer relationship develop to the family as a whole.

There were interesting differences between responses to questions about attitudes toward mothers and fathers in both pregnant and never-pregnant groups. Responses concerning the mothers of all subjects in both groups were stronger and more positive. As reported earlier, there was more involvement with maternal relatives in both groups. In all the families which included one or two parental figures, the real mother was included everytime except once in each group. All but one of the "other relatives" who were living in families of both groups were maternal relatives. This evidence, however, still does not allow us to simply relate pregnancy to the strength of a mother-daughter relationship. We must also consider the presence of other female relatives in the family. Mothers, as well as fathers, were also described in terms of monetary and material support. More often, though, the mother was referred to as the means for

obtaining desired objects. When money was mentioned in relation to the father, it was usually in terms of child support from separated fathers or from stepfathers.

Descriptions were more often positive for mothers and negative for fathers. If the father, who is the traditional means of a family's support, fails to provide for his family, it is understandable that he would be seen in negative terms.

Another possible aspect of the negative attitudes toward fathers more than mothers would be that the fathers remained with the family less often than the mothers. The data show that 5 percent of the mothers of the never-pregnant group never married, 10 percent never remarried after the death of their husbands, and 15 percent were separated. Ten percent of the mothers of the pregnant group were separated, and 15 percent never remarried after their husbands died. Since there was little difference in the responses of both groups concerning their fathers, we cannot conclude that attitudes toward their fathers were related to pregnancy.

Attitudes toward siblings differed between pregnant and never-pregnant groups. The pregnant subjects were less committed to sibling relationships on the whole, but they responded in greater depth concerning sisters. The focus was often in terms of responsibility, and the pregnant subjects mentioned caring for or being cared for by their sisters. In large families where the mother often must work, older sisters help with the care of younger

children. A substitute for the mother-daughter relationship possibly develops to a certain extent in such situations. Also, the majority of families in this group included more sisters than brothers. It is therefore not surprising that the subjects in this group described their relationships with their sisters in depth.

The never-pregnant group was also more positive than the pregnant group about their sibling relationships on the whole. However, the responses were more superficial here than in the pregnant group. Few subjects alluded to responsibilities for sisters in their care. If the analysis of the pregnant group's responses is correct, it would apply to the never-pregnant group as well since the majority of the never-pregnant group also included more sisters than brothers. An important difference in this group is that the families were smaller and included fewer outside relatives. Perhaps this reduced responsibility had some effect on the relationship.

The last group of responses were the weakest and most neutral of all. There was also little difference between the pregnant and never-pregnant groups. Very little emotion was attached to relationships between the respondents and the other relatives who were living with their families. Only one respondent considered other relatives presently living with her family as an actual part of the family. Most respondents offered little information about them. This might be explained by the nature of the relationship as one which is unstable and

temporary as evidenced by the changes which occurred in the presence of other relatives in the home during the adolescent's life. Although the extended family has been described elsewhere as a closely-knit system of relationships in the Black community, the results obtained here give little evidence to support this. Institutions such as Foster care has replaced the extended family relationship.

In conclusion, the results of this study support a tentative but restricted substantiation of the original hypothesis that observable family patterns would emerge that would be peculiar to each group under study. There were differences observed between the group of pregnant subjects and never-pregnant subjects, but these differences must be interpreted cautiously. We must consider the limitations of sample size, and the relative effect of sampling error.

The patterns observed in this study do not substantiate the traditional view that adolescent pregnancy is related to disorganization within the family. The results of this study would seem to indicate that the traditional model of the Black family in both its structural and relational elements and its relationship to adolescent pregnancy should be questioned and perhaps challenged. We can tentatively conclude that adolescent pregnancy did not result completely from disorganization within the adolescent's family. Certain patterns did appear, but variations in family structure was often insignificant and even the reverse of what we might expect

using a perspective of disorganization and deviance.

If family disorganization is not the crucial causative factor in teenage pregnancy, we must ask what the crucial factor is. As stated earlier, few studies have focused exclusively on the Black adolescent, unmarried mother's attitudes toward her family. Most studies have used a deviance perspective and found that pregnancy is related to disorganization within the family. The difference between this study and all others is in its focus on the adolescent herself and in its method of data collection and qualitative analysis. Seemingly, we might discover that these factors are crucial to the new implications suggested by the results. This preliminary investigation should be expanded to include a larger sample. If the results reflect similar patterns, research must question past assumptions and perspectives in the study of the Black family.

## VI. IMPLICATIONS FOR SOCIAL WORK

Most discussions of black families in literature tend to focus on indicators of instability, disintegration, weakness or pathology. Unfortunately, this traditional **focus** has created the false impression that instability and pathology are characteristic of most black families. There is a tendency to forget that deviance, by definition, refers to departures from the norm. Thus, in general, deviance among blacks is as "abnormal" as it is among whites. The great majority of black families, for example, are not characterized by criminality, delinquency, drug addiction, or desertion. Such scholars as Billingsley, Herzog, Lewis, and Valentine.

...We do not view the Negro family as a causal nexus in a tangle of pathology which feeds on itself. Rather, we view the Negro family in theoretical perspective as a subsystem of the larger society. It is in our view, an absorbing adoptive, and amazingly resilient mechanism for the socialization of its children and the civilization of its society. (Billingsley, 1968)

Joyce Ladner's (1971) well documented work, Tomorrow's Tomorrow, clearly incorporates Billingsley's perspective. Black adolescents entry into womanhood is reached at an earlier age because of different prescriptions and expectations of her culture. There is no single set criteria for becoming a woman in the Black community; each girl is conditioned by a diversity of factors depending primarily upon her opportunities, role models, psychological

disposition, and the influence of the values, customs, and traditions of the Black community. Therefore, the concepts of motivation, roles, and role model, identity and socialization, as well as family, income, education, kin and peer group relations are important to consider in the analysis. However, there are beginning periods for exploration.

1. As Social workers, it is extremely important that, as opposed to relying on the perception of the society, it is important to understand the community's perception of adolescent pregnancy. It is essential to understand the individual's community level of consciousness and guard against defining "problems" outside of the community's definition.
2. Social workers must support and enhance the strength of Black families. Black families for survival have possessed the following:
  - (1) Strong kinship bonds
  - (2) Strong work orientation
  - (3) Adaptability of family roles
  - (4) Strong achievement orientation
  - (5) Strong religious orientation
3. Social workers can assist in the development of community coalitions so that community persons may participate in the resolution of this phenomenon.
4. Social workers can assist in the development of decision-making and value clarification skills for all teens. Becoming involved in a pregnancy should be a conscious decision.
5. The Wholistic Approach to teenage pregnancy and the subsequent focus on individual differences, provides a paradigm for social work practice.
6. In order to effectively advocate for clients in any system, be it welfare, health, or judicial, documentation is mandatory, in that it facilitates an allowance for those differences on the micro and macro level. From a historical perspective, the social, political, and economic conditions in this society are the root and source of this problem."

Although the suggestions presented maybe similar to ones previously proposed, we hope they are different in that they are presented from a non-deficit humanistic approach by a person who is critically conscious and able to assume the role of a radical Social worker.



## APPENDIX A

## Family Structure

1. Who are you living with:
  - A. Now
  - B. While growing up
  - C. Has this changed any?
2. How many children including yourself, live under the same roof:
  - A. Total number
  - B. How many are whole brothers or sisters?
  - C. How many are stepbrothers or stepsisters?
  - D. How many are children of only your mother/stepmother?
  - E. How many are children of only your father/stepfather?
3. What place do you occupy in your family?
4. Are there any other relatives living with your family:
  - A. Now
  - B. While you were growing up
  - C. Has it changed any?

## APPENDIX A (cont.)

## Family Relationship

(1) How do you feel about your family as a whole?

(2) How do you feel about your mother/stepmother?

(3) How do you feel about your father/stepfather?

(4) How do you feel about your brothers/sisters?

(5) How do you feel about your foster family?

(6) How do you/did you feel about your other relative  
who lives/lived with you?

## APPENDIX B

## PROCEDURES FOR OBTAINING CONSENT

The following paragraph was read to the respondent on first contact (pregnant group).

Hello \_\_\_\_\_. My name is Terri Cunningham. I am a graduate student at Atlanta University, and I am working on my Master's degree in Social Work. I am talking to alot of the girls in this clinic about their family relationships. I would like to talk to you about your family also. The questions I ask will in no way be embarrassing or hard to answer. I just want to find out how you feel about the other members of your family and your relationships with them. I will not ask you anything about your private life. After I have finished talking with you, I will put together things you have said to see if you all feel the same way about your families.

Please remember that whatever you say will be kept in strict confidence. Your name will never be mentioned again. You will thus remain completely anonymous.

Before we begin, I want to remind you that I will never try to contact you again unless you want to contact me. I want to assure you that your confidentiality will be maintained.

## APPENDIX B (cont.)

I am a graduate student at Atlanta University. As part of the work for my master's degree, I am conducting research on the way teenage girls in Atlanta feel about their families. If we understand more about how all teenagers feel about their families, this information will be useful to social service agencies when they need to help teenagers who have problems.

I would like to have your permission to talk to your daughter. The questions will not be embarrassing to her and will not ask for details of her personal life. I just want to ask her some general questions about how she feels about her family and friends. After I have talked to your daughter, I will compile all information for purposes of approving or disapproving theories on this subject area.

There will be no way to later identify you or your daughter. Everything stated will be in strict confidence. I sincerely hope you will give your permission.

If you have any questions or would like additional information about the study, please feel free to call me at, home 241-8311, work 371-2176. Thank you for your help.

Sincerely,

Terri L. Cunningham  
Atlanta University

### Definition of Terms and Concepts

1. Black- Members of Negroid race.
2. Negro- Commonly used to describe persons of Afro-American descent.
3. Adolescence- Inclusive ages of 10-19 years.
4. Pregnant- Those who acknowledge conception.
5. Family Unit- The collective body of persons who live in one house.
6. Birthrate- The number of live births per 1,000 population.
7. High Risk Pregnancy- May be defined as a mother or fetus with an increased risk for mortality and/or morbidity.
8. Lower Economic Level- (as defined by Housing and Urban Development).
9. Fertility Rate- The number of live births per 1,000 females.
10. Ethnic Group- A member of a minority or nationality group that is part of a larger community.
11. Social Problem- A situation affecting significant number of people that is believed by them and/or by a significant number of others in the society to be a source of difficulty or unhappiness, and one that is capable of amelioration.
12. Family Matrix- The expectant mothers' and the expectant and their extended families.
13. Unstable Marriage- The inability to be emotionally settled with one's partner.
14. Illegitimacy- A stigmatized label that has been successfully applied to a particular group of people who have bore children without the sanction of marriage.
15. Life Chance- The usual opportunities that occur, ie, educational and employment opportunities.
16. Economic Dependence- When individuals and the basic necessities and therefore must rely on public assistance.

17. Socio Economic Status- The amount of prestige in a society which is associated with the amount of income, wealth, or type of occupation.
18. Premature Birth- The weight of fetus or infant at the time of delivery which is equivalent to 2,500 grams or less, (approximately 5 pounds 8 ounces).
19. Maternal Death- The death of any woman during pregnancy as within 90 days of termination of pregnancy. Only direct obstetric deaths are computed in maternal mortality statistics.
20. Familial Relationship- Attitudes of family members, kinship, and extended families that can be conducive to a positive or negative relationship.
21. Unplanned/Unintended- A pregnancy that results from sexual intercourse without the purpose of reproduction.
22. Afro-Centric Model- The description of human behavior, product and/or thought, which identifies it with the patterns and/or techniques associated with the cultural heritage of Afro-Americans.
23. Family as a whole- Definition of a family as an entire system, representing the total unit, within the context of the family.
24. Wholistic Approach- Looking at a phenomenon, situation or entity from a whole approach, including all possible associated patterns pertaining to that phenomenon, situation, or entity.

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